

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief of Criminal Appeals
Illinois Attorney General's Office
100 West Randolph Street, 12th Floor
Chicago, IL 60601

08cv1668

COMPLETE THIS SECTION ON DELIVERY		
A. Signature		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X		
RECEIVED U.S. POSTAL SERVICE ATTORNEY GENERAL		C. Date of Delivery
AUG 11 2008		
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
OFFICE SRVCS MAILROOM		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number

(Transfer from service label)

7006 0100 0001 7312 6424

PS Form 3811, February 2004

Domestic Return Receipt

102508-02-M-1540

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FILED
Sep 8, 2008
SEP - 8 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT